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ORAL CAVITY METASTASIS OF A GALL BLADDER MALIGNANCY

Maxillofacial Surgery

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ABSTRACT

Gallbladder malignancy is generally diagnosed at a very advanced stage. Oral soft tissue metastasis is extremely unusual. This report describes the case of a 70 year old male who initially presented with oral swelling in lower back tooth region. Post excisional biopsy of this swelling revealed metastatic malignancy and hence was referred to an oncologist. Post review and investigations patient was diagnosed with Gallbladder Malignancy. Even though the number of cases of oral metastasis from gallbladder malignancy have been rarely reported, this case report reveals that there can be oral soft tissue metastasis of gall bladder malignancy. However there has been a report of gastric malignancy that metastasised to the oral cavity that has been reported in the past.

KEYWORDS

Oral Cavity, Metastasis, Gallbladder Malignancy

INTRODUCTION

Gallbladder cancer is uncommon, but it's a highly malignant tumour with a very low survival rate. Approximately 1/3 of all patients have widespread metastatic disease at the time of diagnosis.Almost all patients die within 5-6 months after diagnosis, except those with incidental histopathological findings.[1] The main reason for any sort of mortality or morbidity of any type of cancer is due to metastasis that occurs as a result of adaptation of genetically unstable cancer cells, in an ectopic conducive environment. Metastatic tumours of the oral region are uncommon, and are located most in the mandible.[2] Earlier oral metastasis reported were from the lung, kidney, colon and breast which were the primary malignancy site. These constituted of 70% of the cases and stomach comprised of 1-1.8% of the cases. Because of this rare incidence the accurate diagnosis of these oral metastasis is often a challenge. The final diagnosis of an oral metastatic lesion predominantly depends upon the pathological characteristics of the lesion.[3]

This report demonstrates a case of gallbladder cancer with multiple metastases that includes pulmonary and the oral cavity.

Case Report

A 70 year old male patient reported to the department with a swelling in the right lower back tooth region since 3 weeks which initially started as a pea sized swelling and gradually progressed to the current size. (Figure 1) The swelling appears to be a sessile growth measuring 3cm X3 cm in relation to the buccal gingiva of 45, 46, 47. The surface of the growth appears smooth and covered with slough in certain areas,is tender on palpation and bleeds on touch. No lymph nodes were palpable. The previous medical history revealed the patient to have been diagnosed with CAD (Coronary artery Disease) following which a CABG(coronary artery bypass grafting) was performed in 2006. His EF being 42%, with moderated LV(left ventricular) Dysfunction. The patient was advised antiplatelet therapy as part of the management for CAD. An orthopantomogram was advised and the area of interest was evaluated,which did not reveal anything significant. (Figure 2) A provisional diagnosis of pyogenic granuloma or a peripheral giant cell lesion was arrived upon, patient was advised excisional biopsy of the pathology under local anaesthesia. The patient was asked to run few blood investigations pertaining to his past medical history along with a clearance from the cardiologist. Following all of these an excisional biopsy was performed under local anaesthesia.

Excisional biopsy on histopathological examination revealed a metastasis of a malignant tumour and a IHC(immunohistochemistry) panel was advised for further evaluation to arrive upon a definitive diagnosis.

The patient was thereafter referred to an oncologist for further management. During the evaluation patient gave a history of pain abdomen which was severe at times with no fever/vomiting/ constipation/ malena/ bleeding. Per abdomen examination revealed tender hepatomegaly. A USG abdomen and pelvis along with a PA Chest radiograph was advised which revealed space occupying lesion engulfing the gallbladder with involvement of 4,5,6 segments of the liver along with cholelithiasis with the chest X-ray showing no abnormal findings. A CECT Scan of the abdomen (Triple Phase) was advised. This revealed a large heterogenous exophytic mass involving 4, 5, 6 of the liver segments engulfing gallbladder along with calculi with secondary lesions in segments 2, 8, 5 of the liver with multiple pulmonary nodules. Neoplasm of gallbladder origin with hepatic and pulmonary metastasis was reported. Patient was advised CT Guided Biopsy from the Liver lesion and also a PET CT . Serum CA 19-9 was 8.3 initially and post 6 months showed an increase to 19.9. Patient wasn't consistent with further follow ups.

DISCUSSION

Metastasis of the oral cavity is rare and represents around 25% of the first few signs of metastatic spread. Jaw bone metastasis has been more common than oral soft tissue ones, the most common primary organs metastasizing to the jaw bones and the oral soft tissues are the breast and the lungs respectively. The issue in diagnosing a metastatic tumour arises either when the patient does not reveal the history of the primary illness he or she may be suffering from or when he or she is unaware of it. Diagnosis in such situations is a challenge to the clinician or pathologist. Diagnosing any lymph node or distant metastasis is very important for the prognosis of the patient.

The usual presentation of an oral metastatic tumor are swelling, pain, bleeding, paraesthesia, reactive hyperplastic mucosal condition such as a pyogenic granuloma, peripheral giant cell lesion or epulis.[4] Gallbladder cancer is rare but lethal. Complete physical examination, thorough history taking and imaging are a mandate to diagnose the source of oral metastasis.[5] The management and prognosis is primarily based on the site of origin and degree of metastatic spread. The identification of a metastatic tumour indicates a poor overall prognosis. Oral metastasis usually is an evidence of wide spread disease and indicates a very grave prognosis.[6]

CONCLUSION

This report shows how an early diagnosis of any metastasis in the oral cavity can lead to an accurate and prompt diagnosis of the underlying primary lesion.

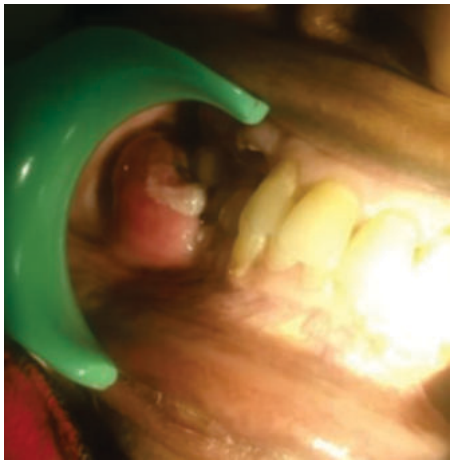

Figure 1. Clinical Picture of Oral Swelling.

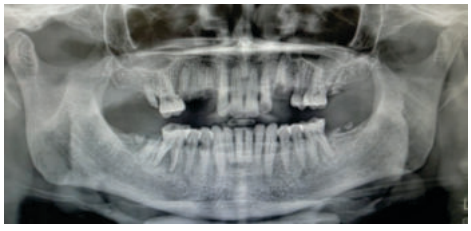

Figure 2. Orthopantomogram of the patient.

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